

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00196246       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 15 / 2014</div> </div>		

Full Name of Payee <b>Buying Time LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 14 / 2014</div> </div>	
Mailing Address <b>650 Massachusetts Ave NW Ste 210</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	
City Washington	State DC	Zip Code 20001	<b>Transaction ID : WFT2014915162-1</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>
Purpose of Expenditure Radio buy	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate Ameriash B Bera		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>07</u> State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Buying Time LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 14 / 2014</div> </div>	
Mailing Address <b>650 Massachusetts Ave NW Ste 210</b>		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	
City Washington	State DC	Zip Code 20001	<b>Transaction ID : WFT2014915166-1</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>
Purpose of Expenditure Radio buy	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate Raul Ruiz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>36</u> State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Melissa Omega

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 29 / 2014

Signature

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 PAGE 2 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00196246       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 15 / 2014</div> </div>	

Full Name of Payee <b>Let's Get To Work Productions LLC</b> <b>[MEMO ITEM]</b> Did not receive correct date of dissemination in timely manner.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 13 / 2014</div>	
Mailing Address 4603 Eaton Place		Amount <div style="border: 1px solid black; padding: 2px;">50000.00</div>	
City Alexandria	State VA		
Purpose of Expenditure Radio buy		Category/ Type	Transaction ID : <b>WFT20149151557-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 03 / 2014</div>
Name of Federal Candidate Daniel J Benishek		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">50000.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Let's Get To Work Productions LLC</b> <b>[MEMO ITEM]</b> Did not receive correct date of dissemination in timely manner.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 27 / 2014</div>	
Mailing Address 4603 Eaton Place		Amount <div style="border: 1px solid black; padding: 2px;">40000.00</div>	
City Alexandria	State VA		
Purpose of Expenditure Direct mail		Category/ Type	Transaction ID : <b>WFT2014915160-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 08 / 2014</div>
Name of Federal Candidate Nan A Hayworth		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>18</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">40000.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>

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Melissa Omega

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NAME OF COMMITTEE (In Full) <b>AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00196246       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 15 / 2014</div> </div>	

Full Name of Payee <b>Let's Get To Work Productions LLC</b> <b>[MEMO ITEM]</b> Did not receive correct date of dissemination in timely manner.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 06 / 2014</div>	
Mailing Address 4603 Eaton Place		Amount <div style="border: 1px solid black; padding: 2px;">50000.00</div>	
City Alexandria	State VA		
Purpose of Expenditure Media Buy		Category/ Type	Transaction ID : <b>WFT20149151536-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 29 / 2014</div>
Name of Federal Candidate Joseph Heck Jr.		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>10</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">50000.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mammen Group, Inc</b> <b>[MEMO ITEM]</b> Did not receive correct date of dissemination in timely manner.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 22 / 2014</div>	
Mailing Address 1901 L Street NW		Amount <div style="border: 1px solid black; padding: 2px;">19713.20</div>	
City Washington	State DC		
Purpose of Expenditure Direct mail		Category/ Type	Transaction ID : <b>WFT2014915167-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
Name of Federal Candidate Daniel B Maffei		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">19713.20</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>

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Melissa Omega

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NAME OF COMMITTEE (In Full) <b>AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00196246       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014</div> </div>	

Full Name of Payee <b>Mammen Group, Inc.</b> <b>[MEMO ITEM]</b> Did not receive correct date of dissemination in timely manner.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014</div>	
Mailing Address 1901 L Street NW		Amount <div style="border: 1px solid black; padding: 2px;">19470.50</div>	
City Washington	State DC		
Purpose of Expenditure Direct mail		Category/Type	Transaction ID : <b>WFT20149151610-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">19470.50</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;"></div>	
City	State		
Purpose of Expenditure		Category/Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"></div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">0.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">50000.00</div>

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